

216005789
80623

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 011	Agency Case No. B6-010035	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/04/2016		TIME OF ACCIDENT 1655	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1656	02/05/2016	
B	28	ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. Parking Lot			ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
				40.00	X	Madison Ave
V1/M	20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	4	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
F	3	VEHICLE NO. 1				
		DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N	1	DRIVER		PHONE	LOCAL NO.	
V2/N	1	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	
G	2	OWNER		PHONE	LOCAL NO.	
		OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
H	5	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE
V1/O	5	VEHICLE	YEAR	Lexus	SUV	Medium/large
V2/O	2	VEHICLE ID NO. (VIN)	TOWED TO		TOWED BY	INSURANCE COMPANY
						Unknown
						Unknown
I	1	VEHICLE NO. 2				
		DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/P	8	DRIVER		PHONE	LOCAL NO.	
V2/P	8	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	
J	01	OWNER		PHONE	LOCAL NO.	
		OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
V1/Q	4	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE
V2/Q	4	VEHICLE	YEAR	Honda	UEX	2 door Sedan
K	01	VEHICLE ID NO. (VIN)	TOWED TO		TOWED BY	INSURANCE COMPANY
						Unknown
						Unknown
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

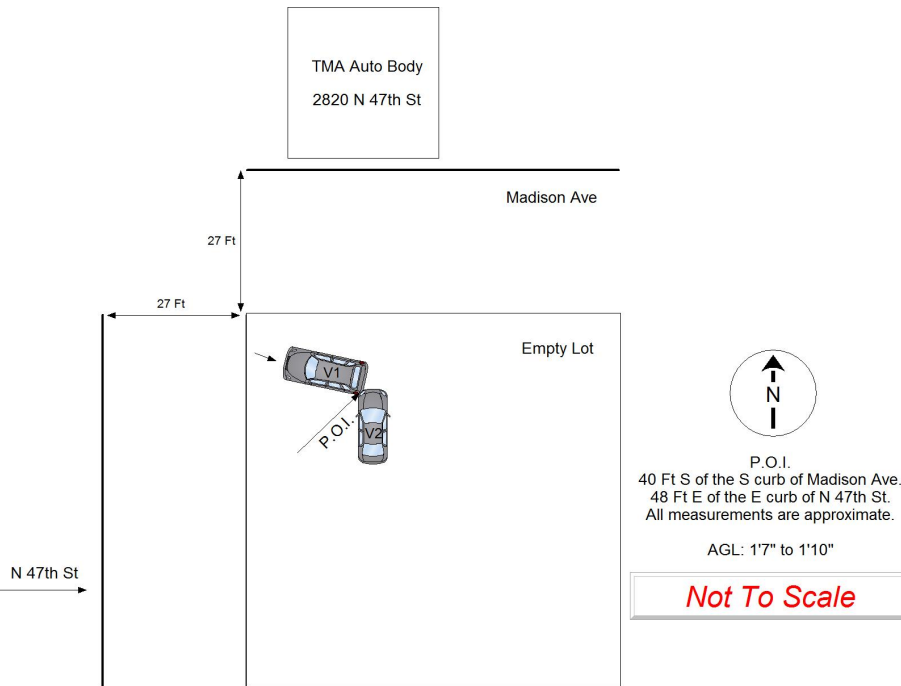
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-010035



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Mohammed, W1, is an employee at TMA Auto Body, 2820 N 47th St. Mohammed stated he was moving vehicles to plow snow off their property. Mohammed parked V2 in the empty lot South of their business. Mohammed stated he was shoveling snow when he viewed V1 reverse close to V2. Mohammed stated D1 exited the vehicle, walked to the rear of V1, and then got back into V1. Mohammed stated V1 then drove off. Mohammed noticed damage to the front left of V2 and attempted to stop V1 but was not successful. Mohammed described V1 as a gold Lexus SUV. Mohammed described the driver as a W/F, blonde hair, 506, slim build, and unknown age. Mohammed stated V2 belongs to A & T Auto Sales, 4501 N 56th St.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Mohammed T Saad (DOB: 01-01-1991)	ADDRESS 539 N 24th St #8, Lincoln, NE 68503	PHONE 402-617-2273		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL OCCUPANTS	VEH 1	1	VEH 2	0
VEH NO.	N S E W	ROAD OR HIGHWAY NAME								
1		X	Parking Lot							
2	X		Parking Lot							
1	02		06 Turning left	VEHICLE 1	VEHICLE 2					
2	10		08 Entering traffic lane	POINT OF IMPACT	06	POINT OF IMPACT	08			
			09 Leaving traffic lane	MOST DAMAGED AREA	06	MOST DAMAGED AREA	08			
01	Essentially straight ahead		09 Top & windows			1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				
02	Backing		10 Undercarriage							
03	Changing lanes		11 Total (all areas)							
04	Overtaking/ Passing		12 Other							
05	Turning right		13 Unknown							
OFFICER NO. 1740			TROOP/ TEAM/ BEAT 11		DEPARTMENT Lincoln Police Department		Photographs <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
INVESTIGATOR NAME (Print or Type) Aaron Rensch				INVESTIGATOR SIGNATURE Approved by Aaron Rensch				DATE OF REPORT 02/05/2016		